

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	1107		04/06/01
O.I.P.E. CLASSIFIER		48	4/30/01
FORMALITY REVIEW	81	854	517
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
1	Original C 4/1/01
2	✓
3	✓
4	✓
5	✓
6	✓
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Claim	Date
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Claim	Date
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Best A/ 100% OY

If more than 150 claims or 10 actions  
staple additional sheet here